

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rick Ramsay  
 Name  
 (2) CONFIDENTIAL  
 Address (number and street)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1305365]

Submitted on:  
 4/8/2024 14:51:47 (eastern)

Check here if address has changed (3) ID Number: 654

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 1 / 1 / 2024 To 3 / 31 / 2024 Report Type: Q1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 250 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 250 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 61 . 70

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 61 . 70

**(8) Other Distributions**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 250 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 61 . 70

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) \_\_\_\_\_

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_

Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_

Signature



**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Rick Ramsay

(2) I.D. Number 654

(3) Cover Period 1/1/2024 through 3/31/2024

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
3/11/2024 / /	, Supervisor of Election 5200 College Rd Key West, FL 33040	cards	MO		\$58.70
1					
3/29/2024 / /	, First Horizon P.O. BOX 84 Memphis, TN 38101	paper statement fee	MO		\$3.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
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/ /					